

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39517

1. PLACE OF DEATH

County

Platte

Registration District No.

695

Township

Platte

Primary Registration District No.

4417

City

Parkville

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Parkville Mo

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

William Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 15 1862

7. AGE

78

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Cunning/Hotel

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)

1938

11. Total time (years)
spent in this
occupation

28

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Richard Brightwell

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ky

15. MAIDEN NAME

Sallie Hopkins

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ky

17. INFORMANT
(ADDRESS)Mrs. Geo. Newson
Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Parkville

DATE

Nov 19 1940

19. UNDERTAKER
(ADDRESS)Roland
Parkville Mo 6226

20. FILED

Nov 20 1940

S. P. Ford

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1940

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1939 to Nov 15 1940

I first saw him alive on Nov 15 1940 Death is said

to have occurred on the date stated above, at 12 m. noon

The principal cause of death and related causes of importance were as follows:

Coronary Disease

Date of onset

1938

Other contributory causes of importance:

None

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

22. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. H. Hunderwood, M. D.

(Address) Parkville, Mo.

